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## BIB DATA SHEET

CONFIRMATION NO. 3527

<b>SERIAL NUMBER</b> 10/823,114	<b>FILING or 371(c) DATE</b> 04/13/2004 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 4137	<b>ATTORNEY DOCKET NO.</b> CU60221		
<b>APPLICANTS</b> Joseph A. Matthias, Parsippany, NJ; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/463,016 04/15/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/24/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /VALERIE LUBIN/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> GLAXOSMITHKLINE Corporate Intellectual Property - UW2220 P.O. Box 1539 King of Prussia, PA 19406-0939 UNITED STATES						
<b>TITLE</b> System and method for monitoring efficacy of web-based online behavioral clinical study						
<b>FILING FEE RECEIVED</b> 1256	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			